

**STATE PROJECT NO.  
F.A.P. NO.  
NAME  
ROUTE  
PARISH**

**RIGHT OF WAY STAGE RELOCATION ASSISTANCE PLAN  
(AND, IF APPLICABLE)**

**LAST RESORT HOUSING PLAN**

DATE:

PREPARED BY:

As required by the Louisiana Department of Transportation and development Real Estate Relocation Policy and Procedure Manual, each family and business that shall be displaced by this project was interviewed during the (spring, summer, fall or winter) of 20\_\_.

All information obtained from these interviews is recorded on the Occupant Interview forms that are on file in the Real Estate District Office.

(Include a paragraph that concisely describes the project, i.e., type of construction, four lanes, two lanes, elevated, etc.)

## SUMMARY OF DISPLACEMENTS

### Displaced Residents and Businesses

	Owner Occupied	Tenant Occupied	Total
Displaced Residential Units	_____	_____	_____
Displaced Business Units	_____	_____	_____
Displaced non-profit organizations	_____	_____	_____
Personalty only	_____	_____	_____
Total	_____	_____	_____

### Social Composition

#### Race

Displaced Owner-Occupied Units \_\_\_\_\_ minority occupied \_\_\_\_\_ or \_\_\_\_\_%

Displaced Tenant Units \_\_\_\_\_ minority occupied \_\_\_\_\_ or \_\_\_\_\_%

Displaced Businesses \_\_\_\_\_ minority occupied \_\_\_\_\_ or \_\_\_\_\_%

#### Age

\_\_\_\_\_ heads of households are over 62 years of age. \_\_\_\_\_%

#### Gender

\_\_\_\_\_ heads of households are over female. \_\_\_\_\_%

#### Handicapped

\_\_\_\_\_ displacees are handicapped. \_\_\_\_\_%

### Income Range Per Month

(Example)

1 at \$150      5%  
1 at \$200      5%  
4 at 250      5%  
etc...

### Income Source

	Number	Percentage
Social Security	_____	_____%
Self Employed	_____	_____%
Unemployment Compensation	_____	_____%
No Income	_____	_____%
Employed	_____	_____%

### Housing Requirements

\_\_\_\_\_ require \_\_\_\_\_ bedroom, \_\_\_\_\_ bath & Major Exterior Appurtenances  
\_\_\_\_\_.

The Relocation Assistance Survey, as indicated by the Occupant Inventory Forms, suggests that \_\_\_\_\_ owner-occupied units and \_\_\_\_\_ tenant-occupied units can be relocated as per normal procedures. (If the LRH is not necessary, include a statement to that effect and omit the next sentence. ) The remaining displaced units shall require Last Resort Housing Provisions and shall be addressed in a different part of this plan.

*Statement or discussion about Federal, State and Municipal Programs  
Section 6.8, No. 9.c.*

*State or discussion Section 6.8, No. 9.d.*

*Estimate of Lead Time*

*Recommendation as to a Site Office*

*Statement or Discussion concerning Functional Replacement*

Replacement Housing Payments, Owners	\$_____
Replacement Housing Payments, Tenants	\$_____
Residential Moving Payments	\$_____
Business, Farm and Non-profit organization, personalty only pmts	\$_____
Relocation Services costs (20% of all housing & moving costs)	\$_____

### **Project Assurances**

Within a reasonable period of time prior to displacement, comparable replacement dwellings will be available or provided (built if necessary) for displaced individuals and families who are initial occupants and adequate replacement dwellings will be available or provided for displaced individuals and families who are subsequent occupants.

The Department's plan is realistic and is adequate to provide orderly, timely and efficient relocation of displaced persons.

## LAST RESORT HOUSING PLAN

It is anticipated that the following parcels shall require Housing of Last Resort.

### Individual Parcel Analysis

<u>Parcel</u>	<u>Displacee</u>	<u>Owner/Tenant</u>	<u>Estimated Payment</u>
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### Summation

*The summation should describe the following: age, family composition, race, employment, income, handicaps, extenuating situations and housing requirements).*